PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

PUBLICATION FEE DUE | PREV PAID ISSUE FEE | TOTAL FEE(S) DUE

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

ATTORNEY DOCKET NO

4414-1508

(Depositor's name (Signature (Date

CONFIRMATION NO

5536

DATE DUE

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of mailtenance fees will be mailted to the current correspondence address as not included unless correspondence or ordered solvents or inflicient of mailted and included in a special solvent or inflicient of mailted and included in a special solvent or inflicient of mailted in the special solvents of the special maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
☑ Issue Fee	A check is enclosed.				
Publication Fee (No small entity discount permitted)	☑ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies	☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0762 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)	,				
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
NOTE: The Issue Fee and Publication Fee (if required) will not be acces interest as shown by the records of the United States Payon and Traylor	pted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in ark Office.				
Authorized Signature South S. F.	Date October 10, 2008				
Typed or printe name Joseph B. Ryan	Registration No. 37, 922				
submitting the completed application form to the USPTO. Time will v this form and/or suggestions for reducing this burden, should be sent to Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES Of Alexandria, Virginia 22313-1450.	usion is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) FR 1,14. This collection is estimated to take 12 minutes to complete, including galbring, preparing, and are depending upon the individual case. Any comments on the amount of time you require to complete one to the comment of the complete of the comment				

١	APPLN. I TPE	SMALL ENTITY	13305 FEE DUE	PUBLICATION FEE DUE	TREV. TAID ISSUETEE	TOTAL TEE(B) BOE	Bittebot
١	nonprovisional	TES- NO	\$720 \$ 1510	\$300	\$0	s 1020 ≸181 0	11/10/2008
	EXAM	INER	ART UNIT	CLASS-SUBCLASS			
١	MCFADDEN,	SUSAN IRIS	2626	704-250000			
1. Change of correspondence address or indication of "Fee Address" (37				2. For printing on the p	atent front page, list		
CFR 1.363). Change of correspondence address (or Change of Correspondence			 the names of up to 3 registered patent attorneys or agents OR, alternatively, 		icys I		
	Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2	
						e is 3	3

FIRST NAMED INVENTOR

Remoo Teunen

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

TITLE OF INVENTION: VIRTUAL VOICEPRINT SYSTEM AND METHOD FOR GENERATING VOICEPRINTS

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

RSA Security Inc.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

12/15/2003

08/08/2008

7590

Ryan, Mason & Lewis, LLP 90 Forest Avenue Locust Valley, NY 11560

80167

APPLICATION NO

10/736.954

Bedford, MA 01730

Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 📓 Corporation or other private group entity 🔘 Government